Minutes of the meeting of the Quality and Patient Safety Committee of the Board of Directors of the Cook County Health and Hospitals System held Tuesday, December 9, 2014 at the hour of 10:30 A.M. at 1900 W. Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

## I. Attendance/Call to Order

Chairman Gugenheim called the meeting to order.

Present: Chairman Ada Mary Gugenheim and Director Wayne M. Lerner (2)

Board Chairman M. Hill Hammock (ex-officio) and Director Hon. Jerry Butler

Mr. Patrick T. Driscoll, Jr. (non-Director Member)

Absent: None (0)

Additional attendees and/or presenters were:

Peter Daniels – Chief Operating Officer, Hospital-Based Services
Aaron Hamb, MD – Provident Hospital of Cook County
Krishna Das, MD – System Chief Quality Officer
Aaron Hamb, MD – Provident Hospital of Cook County
Anwer Hussain, MD – Provident Hospital of Cook County
Randolph Johnston – System Associate General Counsel
Connie Mennella, MD – Cermak Health Services of Cook County
Jack Raba, MD – Cermak Health Services of Cook County
Deborah Santana – Secretary to the Board
John Jay Shannon, MD –Chief Executive Officer
David Soglin, MD – Chairman, Department of Pediatrics
Ozuru Ukoha, MD – John H. Stroger, Jr. Hospital of Cook County

## II. Public Speakers

Chairman Gugenheim asked the Secretary to call upon the registered public speakers.

The Secretary responded that there were none present.

## III. Report from System Chief Quality Officer

### A. Regulatory and Accreditation Updates

Dr. Krishna Das, System Chief Quality Officer, provided updates on the following subjects.

#### i. College of American Pathology (CAP) Accreditation Visit

Dr. Das stated that CAP, the group that accredits the Laboratory, recently completed a two (2) day site visit. There were a series of approximately twenty (20) corrective actions resulting from the visit; there was one issue regarding training that was probably the most significant, but most were minor issues, such as typographical errors found in policies. The corrections are well underway; the administration expects to receive the full two-year accreditation for the Laboratory.

## III. Report from System Chief Quality Officer

### A. Regulatory and Accreditation Updates (continued)

#### ii. IDPH Perinatal Network Reaccreditation

Dr. David Soglin, Chairman of the Department of Pediatrics, stated that representatives from the Illinois Department of Public Health (IDPH) arrived on November 19th to survey Stroger Hospital regarding two (2) different issues: 1) status as a Level III Neonatal Intensive Care Unit (NICU); and 2) status as a Perinatal Network Hospital Center.

Dr. Soglin stated that the accreditation process went very well; three-year accreditation was received in both areas. They had two recommendations regarding the Level III NICU: 1) to enhance the breastfeeding program; and 2) to improve the ability to designate which babies in the NICU are determined to be Level III, as opposed to Level II, since only one geographic area is used. He added that the surveyors had a lot of commendations, as well, particularly in the area of high-risk follow-up for the babies that leave Stroger Hospital's NICU.

#### iii. IDPH Linear Accelerator Licensing

Dr. Das stated that representatives from IDPH recently visited to examine the new Linear Accelerator, basically for radiation safety purposes; following the visit, they granted approval of the license.

#### iv. Provident Hospital – The Joint Commission survey (Attachment #1)

Dr. Aaron Hamb, Medical Director of Provident Hospital of Cook County, and Peter Daniels, Chief Operating Officer of Hospital-Based Services, provided an overview of the information presented on the recent survey of Provident Hospital by The Joint Commission (TJC). The Committee reviewed and discussed the information.

With regard to the Condition of Participation (CoP) citation on slide 4 relating to the governing body, Board Chairman Hammock requested further clarification. Mr. Daniels responded that the governing body citation automatically comes up when there is a condition-level finding; it is removed when the condition-level finding is resolved. It requires that the resources and environment be provided to take care of the other two CoP citations within the next thirty (30) days. Director Lerner noted that if it is not resolved upon re-survey, the surveyors could ask for a meeting with the governing body to talk about issues of lack of oversight and attention to some of these details; he added that, to the extent that Provident Hospital does not meet CoP, it risks not participating in the Medicare Program, which is why it is a significant governing body issue. Dr. John Jay Shannon, Chief Executive Officer, stated that surveyors will be back for certain in January for the re-survey.

During the discussion of the second Indirect Impact Citation listed on slide 8, relating to a consultation ordered on a patient that was not completed in a timely matter, Dr. Shannon provided additional information. He stated that this issue will need to be resolved over time, as it is a long-range strategic issue. Today, two separate medical staffs exist; a Stroger Hospital-credentialed medical staff member cannot perform services for a hospitalized patient at Provident Hospital if they have not been credentialed by the Provident Hospital Medical Staff. He noted that, in the Ambulatory environment, medical staff has free range to practice at any of the sites in an Ambulatory environment.

## III. Report from System Chief Quality Officer

### A. Regulatory and Accreditation Updates

#### iv. Provident Hospital – The Joint Commission survey (continued)

Director Lerner inquired whether relationships exist with the University of Chicago for certain consultation services and/or visiting attending privileges. Dr. Hamb responded in the negative. He stated that Provident Hospital Medical Staff Bylaws allow for the opportunity for someone to have visiting attending privileges; this category is called the "affiliate" category. Management have anticipated the need for certain services and providers to be credentialed and privileged at Provident Hospital who are technically members of the Stroger Medical Staff; in those instances, those providers officially become members of the Provident Hospital Medical Staff.

Chairman Gugenheim inquired whether there is a mechanism to feed back to the hospital staff as a whole the findings presented today. Dr. Hamb responded that this is presented to a regulatory compliance committee that includes all of the key players responsible for the various different functions and chapters of TJC standards; it is then fed back to the department heads, with the expectation that they will feed it back to their staff at department-level meetings. Mr. Daniels added that, on the last day of the survey, there is an exit conference; all of the key stakeholders and participants of the survey are in attendance. Immediately after the exit conference, a department head meeting is held, and they go through the entire report.

Board Chairman Hammock noted that there are two (2) items here that the administration has appealed; he posed the following question - should those be found in Provident's favor, is there any possibility that it might trigger a recalculation of the governing body CoP citation? Mr. Daniels responded that, during this clarification period, they will double-check with them; it could resolve that aggregation.

Director Lerner inquired whether TJC requires a meeting with the governing board for the Stroger Hospital survey. Dr. Das stated that there is a leadership meeting; the organization is at liberty to define who is present at the meeting, and it has been the custom to invite Board Members to these meetings. Dr. Shannon stated that he would like to take the opportunity to thank Director Butler, who sat in on the leadership meeting at Provident Hospital; he stated that it was very helpful to see that degree of engagement there.

### B. Publicly Reported Ratings

There was nothing to report on this subject at this time.

## IV. Action Items

### A. 2015 Quality Assessment and Performance Improvement Plans:

**i. John H. Stroger, Jr. Hospital of Cook County** (Attachment #2)
**ii. Ambulatory and Community Health Network of Cook County** (Attachment #3)

Dr. Das reviewed a presentation (Attachment #4) relating to planned metrics for the Quality Plan for John H. Stroger, Jr. Hospital of Cook County (Stroger Hospital). The Committee reviewed and discussed the information.

## IV. Action Items

### A. 2015 Quality Assessment and Performance Improvement Plans (continued)

Dr. Das noted that the presentation regarding the Quality Plan for the Ambulatory and Community Health Network of Cook County was reviewed at the Quality and Patient Safety Committee Meeting in October.

In response to a question from Chairman Gugenheim regarding the information on Key Performance Indicators, Dr. Das stated that the comparison groups for all of the indicators are the entire Centers for Medicare and Medicaid Services (CMS) database. She noted that the most recent report she has received is for an eighteen month period up through the first quarter of 2014.
Director Lerner noted that most of those reporting intervals were quarterly; he asked whether those reports are generated manually or through some sort of real-time database system. Dr. Das responded that each is generated a little differently. For operating room data, there is a manual collection and an electronic collection; a freestanding Cerner report has been created to look at the turnaround times. All of the core measures use a platform called Lighthouse, which lives within Cerner; it basically involves manual abstraction with electronic support – staff has to look at the chart, but Lighthouse presents all the data needed so the abstractors do not have to dig through the details of every chart. This data is received monthly, approximately ten (10) days after the end of the month.

Director Lerner wondered if quarterly reporting is the right interval; he stated that the challenges he has found in his work was that, whether quarterly or semi-annually, he was trying to manage by looking in the rearview mirror all the time, which is difficult to do. Dr. Das stated that the internal goal is to have monthly data, because for performance improvement, a minimum of monthly data is needed to get the turnaround. She added that she is getting monthly data for almost all of these, including operating room statistics and data on core measures; the administration gets that data and reviews it every month. Director Lerner indicated that, if finance reports are available fifteen (15) days after the end of the month, and quality reports are available fifteen (15) days after the end of the month, for him, the real key is, how does the System bring quality and finance together so that one is driving the other, and the administration and Board are looking at a full menu to drive patient satisfaction?

> Director Lerner, seconded by Chairman Gugenheim, moved to approve the 2015 Quality Assessment and Performance Improvement Plans for John H. Stroger, Jr. Hospital of Cook County and the Ambulatory and Community Health Network of Cook County. THE MOTION CARRIED UNANIMOUSLY.

### B. Minutes of the Quality and Patient Safety Committee Meeting, October 28, 2014

> Director Lerner, seconded by Chairman Gugenheim, moved to accept the Minutes of the Quality and Patient Safety Committee Meeting of October 28, 2014. THE MOTION CARRIED UNANIMOUSLY.

### C. **Medical Staff Appointments/Re-appointments/Changes (Attachment #5)

> Director Lerner, seconded by Chairman Gugenheim, moved to approve the Medical Staff Appointments/Reappointments/Changes. THE MOTION CARRIED UNANIMOUSLY.

### D. Any items listed under Sections IV, V and VI

## V. Recommendations, Discussion/Information Items

### A. Reports from the Medical Staff Executive Committees
#### i. Provident Hospital of Cook County
#### ii. John H. Stroger, Jr. Hospital of Cook County

Dr. Anwer Hussain, President of the Executive Medical Staff (EMS) of Provident Hospital of Cook County, presented his report. He thanked all of those involved in the preparations for the survey by The Joint Commission. With regard to the System's Flu Policy, he stated that he was pleased to report that 100% of the Medical Staff at Provident Hospital are compliant with the policy.

Dr. Hussain provided additional information regarding sub-specialty care, which was discussed earlier in the meeting. Currently, when a patient at Provident Hospital requires sub-specialty care that is not available at Provident Hospital, staff makes the necessary phone calls to the person on-call at Stroger Hospital to make the appropriate transfer. He stated that there are very good communications between the Medical Staffs at Provident and Stroger Hospitals.

Dr. Ozuru Ukoha, President of the EMS of John H. Stroger, Jr. Hospital of Cook County, presented his report, which included information on the following subjects.

Dr. Ukoha surmised that there may be a mass exodus of doctors from this institution due to issues relating to pension reform. For many years the System has brought doctors into this institution and paid them less than market price, on the promise that the difference would be made up by having a terrific pension plan. Most of these doctors have poured their blood, sweat and tears into this institution for many years; now they are potentially going to reach the precipice and make a decision about their future. The overall effect of this group of doctors leaving cannot be underestimated.

Dr. Ukoha stated that, when deciding whether to join an institution, in addition to compensation issues, doctors look at the patient mix of the institution. He stated that doctors want patients as complex as possible. The System's patients have suddenly become hot commodities around the City; this is likely going to affect the patient mix here. Stroger Hospital is judged every year by its trainees; if it goes through one cycle of bad presentation to the trainees, the quality of applicants to the institution will drop.

Dr. Ukoha described issues experienced with the Patient Portal. He stated that the message has been communicated to the patients very clearly to make sure their doctor is on their health plan. The Medical Staff was very concerned when the Patient Portal did not reflect this information for over three months; it either had the wrong information or was not complete enough.

Dr. Ukoha described issues with having the right tools and resources to effectively care for patients. He referenced the inability in some areas to get state of the art equipment that could affect the System's ability to offer the most attractive treatment options for patients. Some of the issues involve delays with getting basic fundamental medical supplies due to process issues.

Dr. Shannon stated that a number of the sentiments and concerns Dr. Ukoha raised are legitimate; the System has very significant problems that need to be addressed to make sure it has the right care, right tools, and right people available at the right time. There are plans to put a number of these pieces in place, but there is a sense of time urgency, so pieces will have to be prioritized; the most important thing that Dr. Ukoha pointed out is the issue of being able to have the right environment, resources and tools necessary for the medical staff to do what they need to do with the patients who walk in the door.

## V. Recommendations, Discussion/Information Items

### A. Reports from the Medical Staff Executive Committees (continued)

Dr. Shannon stated that, as an organization, the administration will have to figure out when and how to adopt new technologies. Some of them are just more expensive and fancier, and some of them have measurable improvements in care; he believes that staff needs to engage in the analysis to determine when those are in the latter category.

Director Butler stated that what is most pressing is how the System will track its patients and redeterminations. Director Lerner noted that the Board has a new committee regarding CountyCare; as far as he is concerned, the CountyCare focus has to be one of the highest priorities right now, because those are the patients that everyone wants.

## VI. Closed Meeting Items

**A. Medical Staff Appointments/Re-appointments/Changes**
**B. Litigation Matter(s)**
**C. Cermak Update**

Director Lerner, seconded by Chairman Gugenheim, moved to recess the open meeting and convene into a closed meeting, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(**1**), regarding "the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity," 5 ILCS 120/2(c)(**11**), regarding "litigation, when an action against, affecting or on behalf of the particular body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting," and 5 ILCS 120/2(c)(**17**), regarding "the recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals for a hospital, or other institution providing medical care, that is operated by the public body."

On the motion to recess the open meeting and convene into a closed meeting, a roll call was taken, the votes of yeas and nays being as follows:

Yeas: Chairman Gugenheim and Director Lerner (2)

Nays: None (0)

Absent: None (0)

THE MOTION CARRIED UNANIMOUSLY.

Chairman Gugenheim declared that the closed meeting was adjourned. The Committee reconvened into the open meeting.

## VII. Adjourn

As the agenda was exhausted, Chairman Gugenheim declared that the meeting was ADJOURNED.

Respectfully submitted,
Quality and Patient Safety Committee of the
Board of Directors of the
Cook County Health and Hospitals System

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Ada Mary Gugenheim, Chairman

Attest:

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Deborah Santana, Secretary